

What Does *Getting Results* Say About Tobacco-Use Prevention Education?

In its Tobacco Master Plan for 2003–2005 for California, the Tobacco Education and Research Oversight Committee set a goal of reducing the prevalence of tobacco use among youths aged 12 through 17 in California to a level of 2 percent by 2007 from the 2001 level of 5.9 percent.¹ Schools are an essential component of any program for preventing and reducing youth tobacco use (CDC 1994; Dusenbury & Falco 1995; Silvia & Thorne 1997). However, schools cannot act alone.

California's Tobacco Control Program includes the school-based Tobacco-Use Prevention Education (TUPE) program administered by the California Department of Education (CDE) through 58 county offices of education; the public health-based community education and prevention programs administered by the California Department of Health Services; and the Tobacco-Related Disease Research Program administered by the University of California. Since 1989-90 the CDE has received funds annually for TUPE from the Proposition 99 tobacco tax.² TUPE activities are conducted within California's education system for six million students in 1,000 school districts and approximately 13,435 public and private schools.

Based on a comprehensive review of the literature, the Centers for Disease Control and Prevention (CDC 1994) recommends that school-based tobacco-use prevention programs be comprehensive (i.e., kindergarten through high school) and include the following components:

- Development, implementation, and enforcement of a policy for a tobacco-free campus
- Classroom instruction that addresses the consequences of tobacco use as well as the psychosocial factors related to use
- Provision of program-specific teacher training
- Involvement of parents and guardians in support of school-based programs
- Support for cessation efforts among students and staff
- Program evaluation at regular intervals

Ideally, the California TUPE program would be funded at a level that supports the CDC recommendations. However, the large number of school districts and counties, declining revenues from tobacco taxes, and state budget cuts made that level of support impossible. A streamlined TUPE program that uses the newest research on tobacco control was needed.

Note: The *Getting Results* documents may be downloaded at <http://www.gettingresults.org>.

¹ The most recent year for which youth prevalence rates are available from the California Youth Tobacco Survey is 2001.

² Proposition 99, approved by the California voters in November 1988, increased by 25 cents the tax on each pack of cigarettes sold in California.

Creation of a TUPE Recommendations Task Force

In fall 2003 the CDE established the 27-member TUPE Recommendations Task Force, composed of state and national experts in tobacco-use prevention research, program evaluation, county and school district administration, and classroom program implementation. The task force was charged with creating recommendations for an effective statewide TUPE program that (1) can be accomplished with substantially less money than was available in recent years; (2) is based on a thorough review of the research on effective tobacco-use prevention strategies and an analysis of the cost of implementing those programs and strategies; (3) is intended to reduce the prevalence of youth tobacco use to 2 percent by 2007; and (4) recognizes that the school-centered TUPE program is only one component—albeit an important one—of the multicomponent California Tobacco Control Program.

Recommendations for California's Tobacco-Use Prevention Education Program

By January 2004 the task force developed 11 recommendations to establish the ways in which schools can best work with youths, their families, and their communities to change social norms and individual behavior affecting the use of tobacco. The recommendations encompassed funding processes, targeted grade levels, program content, accountability, evaluation, and coordination with other elements of the statewide program. They are based on the analysis by the task force of current and projected Proposition 99 funds, the costs related to an effective TUPE program, and the research on tobacco-use prevention and education for youths.

Recommendation 1

Because full funding of a comprehensive TUPE program in kindergarten through grade 12 is not currently possible, the CDE should limit TUPE funding to providing prevention programs in grades 6 through 10 and to offering cessation readiness and cessation services, if funds allow, for students in grades 7 through 12 who are using tobacco.

Recommendation 2

The CDE's Safe and Healthy Kids Program Office should use a competitive Request for Applications (RFA) process as the sole funding mechanism for all local educational agency (LEA) TUPE programs.

Recommendation 3

The CDE should require all districts receiving TUPE funds to conduct a program that must include the following science-based *effective* elements of prevention: (1) designation of a coordinator; (2) enforcement of a no tobacco-use policy; (3) instruction in grades 6 through 8 using a science-based tobacco program; (4) "booster" instruction in grades 9 through 10; (5) training in the use of the classroom program(s) for those who deliver it; and (6) the involvement of parents and guardians.³

Programs should also include the following elements shown by research to be promising: (7) use of youth development approaches for grades 6 through 10; (8) collaboration with local community-based organizations; and, if funds allow, (9) cessation readiness and cessation services in grades 7 through 12.

Recommendation 4

The CDE should develop and apply a system of accountability for all districts receiving TUPE funds. Accountability should include a requirement that all districts must complete all program elements as they are intended to be implemented.

³ During the past five years, several agencies have conducted reviews of substance use prevention programs in order to identify specific programs that are effective or "evidence-based," including the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP) National Registry of Evidence-Based Programs and Practices (NREPP), U.S. Department of Education (USDOE Expert Panel), and the University of Colorado's Center for the Study of Prevention of Violence (*Blueprints*). In the classroom component of a comprehensive TUPE program, the CDE requires schools to use a "science-based" tobacco-use prevention program. "Science-based" and "evidence-based" are synonymous terms used to indicate programs that have been validated by research evidence that the program prevents the onset of tobacco use and reduces the prevalence of tobacco use among youths.

Recommendation 5

The CDE should require all TUPE-funded programs to monitor program success based on measurable objectives, using both process and outcome evaluation. Outcome data must include California Healthy Kids Survey (CHKS) results.

Recommendation 6

The CDE should urge publishers of science-based tobacco-use prevention education programs to set reasonable prices.

Recommendation 7

The county office of education TUPE coordinators should provide support and assistance to the TUPE-funded districts in their county.

Recommendation 8

The CDE and California Department of Health Services, Tobacco Control Section (DHS/TCS), should strongly encourage collaboration between county and district-level TUPE programs and Proposition 99-funded local lead agencies and community-based organizations.

Recommendation 9

For all districts receiving TUPE funds, the superintendent and all district and site administrators should advocate and actively support tobacco-use prevention education and cessation as a district priority.

Recommendation 10

The CHKS and the DHS/TCS school surveys should be consolidated so that all stakeholders share one survey instrument to be implemented in any school no more than every other year.

Recommendation 11

The Tobacco-Related Disease Research Program should give priority to funding research on school-centered tobacco-use prevention and cessation issues for which there is insufficient information.

These recommendations have been accepted by the Tobacco Education and Research Oversight Committee and the administrators of the three state program components (the California Department of Education; the California Department of Health Services, Tobacco Control Section; and the University of California, Tobacco-Related Disease Research Program). When this new, lean TUPE program is combined with the powerful public health and research components of the California Tobacco Control Program, California's youths will continue to lead the nation with one of the lowest prevalence rates in tobacco use in the United States.

References

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